## 2020452546

## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. | (a) Name of Candidate (in full)   |                         |               |            |                   |        |                         |                 | -        |            |   |                   |
|----|---|-------------------------|---------------|------------|-------------------|--------|-------------------------|-----------------|----------|------------|---|-------------------|
|    | Tim Johnson   |                         |               |            |                   |        |                         |                 |          |            |   |                   |
|    | (b) Address (number and street)<br>PO Box 1536  | <b>€</b> Check i        | faddress c    | hanged     |                   | 2. (   | Candidate's<br>S6SD0005 |                 | dentific | ation N    | umber                                   |                   |
|    | (c) City, State, and ZIP Code   |                         |               |            |                   | 3.     | is This                 | 2222            | New      |            | *************************************** | Amended           |
|    | Sioux Falls   |                         | SD            | 5710°      |                   |        | Statement               | ×               | (N)      | OR         |   | (A)               |
| 4. | Party Affiliation   | 5. Office Sought        |               |            | 6. State & Distr  |        |                         |                 |          |            |   |                   |
|    | DEMOCRATIC PARTY  | Senate                  |               |            | SD                |        | 00                      |                 |          |            |   |                   |
|    | DE  | SIGNATION O             | F PRINC       | CIPAL      | CAMPAIGN          | C      | ОММІТТ                  | EE              |          |            |   |                   |
| 7. | I hereby designate the following nar  |                         |               |            |                   | nittee | for the<br>(ye          | 2014<br>ar of e | election | _ election | on(s).                                  |                   |
|    | NOTE: This designation should be  | filed with the appropri | ate office li | sted in th | e instructions.   |        |                         |                 |          |            |   |                   |
|    | (a) Name of Committee (in full)   |                         |               |            |                   |        |                         |                 |          |            |   |                   |
|    | Tim Johnson for So  | uth Dakota              |               |            |                   |        |                         |                 |          |            |   |                   |
|    | (b) Address (number and street)<br>PO Box 1536  |                         |               |            |                   |        |                         |                 |          |            |   |                   |
|    | (c) City, State, and ZIP Code   |                         |               |            |                   |        |                         |                 |          |            |   |                   |
|    | Sioux Falls   |                         |               |            | SD                |        | 57101                   |                 |          |            |   |                   |
| _  | I hereby authorize the following nar<br>candidacy.  NOTE: This designation should be  (a) Name of Committee (in full) |                         |               |            |                   |        |                         |                 |          |            |   |                   |
|    | (b) Address (number and street)   |                         |               |            |                   |        |                         |                 |          |            |   |                   |
|    | (c) City, State, and ZIP Code   |                         |               |            |                   |        |                         |                 |          |            |   |                   |
| _  | l certify that I have ex  | amined this Statemen    | t and to the  | e best of  | my knowledge a    | nd b   | elief it is tru         | e, con          | rect and | d compl    | ete.                                    | <u> </u>          |
| -5 | ignature of Candidate   |                         |               |            |                   | Da     | ite                     |                 |          |            |   |                   |
|    | Tim Johnson Obha  | Sta                     |               |            |                   | C      | 7/06/2012               |                 |          |            |   | Maria T           |
| N  | IOTE: Submission of false, erroneous  | s, or incomplete inform | nation may    | subject t  | the person signir | ng th  | is Statemer             | t to pe         | enalties | of 2 U.    | S.C. §                                  | 437g.             |
|    |   |                         |               |            |                   | ·      |                         |                 |          |            |   |                   |
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